	The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately have
	ut, to the Undertaker or other person superintending the buried withits wenty-four hours after the death of said deceased, or some
cj i	f requested so to do, under penalty of law.
202	No PERMIT FOR BURIAL CALDS OFFICE WITHOUT A POPER CERTIFICATE.
25/	CEDETICICATE OF DEATH
10/	CERLIFICATE OF DEATH.
bed	Date of Death, May 18 188%.
; ;	
32. F	Full Name of Deceased, { vrite legibly and spell correctly. If an Infant not named, give names of parents.
	Sex, Male or Female, Cross out the word not required in this line.
_	Age, Years, Wonths, Day
nd.	color. White
	Married, Single, Widow or Widower, Cross out the words not required in this line.
	Occupation,
	Birth Place, State or country, and how long in the United States, if of foreign birth.
	Duration of Residence in the City of Ballimore.
. 1	Place of Death, Give Street and 8/08. Tallerson Fark Cl.
	Gaves of Death (First (Primary), Luflammalory Franche
	Cause of Death,
	Second (Immediate),
	Duration of Last Sickness,
	All the above information should be furnished by the Physician.
. (	Place of Burial, Ballo Cerrely
9	1000
	Date of Burial, May 19 /887 N. & Marner W.
	M. I MINE MINEN M. I
	Undertaker, Or. Polit I. Walken Medical Attendant.
, s	
	Place of Business, 510 P. Park an Address, Bank 42 71

and date of death.

Permit No. 99882 Office of Registrariof Vital Statistics.

Health Department, City of Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore. SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burkal, a certificate setting forth as he as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause

tificate, accurately fill

Larchee

(Undertaker,

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of Office of Registrar of Vital Sectistics. The Physician who attended any person in a last illness, it is provided for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, it requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN B. OHTAINED WITHOUT THE PER CERTIFICATE. CERTIFICA Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not } Months. Days. ... Years, Age,... Color. Married, Single, Willow or Willower, {Cross out the words not required in this line. Occupation,... M. d Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,.... Place of Death, Give Street and Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Ahur

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this
Bealth Department, City of Baltimore.
Permit No. 99884 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last request is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burnel, within transplant hour over the death of said deceased, or sooner, requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May 18th 87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Femate, {required in this line. }
Age, 57 Years, Months, Day:
Color, White
Married, Single, Widow or Widower, Cross out the words not required in this line.
Occupation, Brick layer,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, sure
Place of Death, {Give Street and } Ballinore University Hospitel, h, Boule
Cause of Death, { First (Primary), Injury Second (Immediate), Alphnoes.
Duration of Last Sickness, And Day, All the above information should be furnished by the Physician.
Place of Burial, Sh. Vincents Cent
Date of Burial, Macef 19 1888 20 9 26
J Undertaker, Lee Fineleast - D + Cory M. D. Medical Attendant.
Place of Business, Fealth Office Address, Ballingeliniversity

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back Office of Registrar of Vital Statistics. Permit No. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OF TAINED WITHOUT A ROPE A CERTIFICATE. Date of Death,  $Full \ Name \ of \ Deceased, \left\{ egin{array}{ll} ext{Write legibly and spell} \ ext{correctly.} & ext{If an Infant not named, give names} \ ext{of parents.} \end{array} 
ight\}$ Sex, Male or Female, Cross out the word not required in this line. Months, Days Years, Age, Cross out the words not required in this line. Married, Single, Widow or Widower, Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, Give Street and Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician, Date of Burial, Address. Place of Business

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back or the
Bealth Department, Gity of Baltimore.
Permit No. 99886 Office of Registrat of Vital Statistics. Ward
The Physician who attended any person in a last Nines, is responsible for the present don of this Certificate, accurately filled out, to the Undertaker or other person superintending the buriet within twenty four heart of the death of said deceased, or sooner, if requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, "Muy / The State of Death, "Muy / The State of Death, "Muy / The State of Death, "The State of Deat
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, (Cross out the word not) required in this line.
Age, Years, Months, Days
Color, (White)
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, Second (Immediate), Second (Im
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, Balling Comply
Date of Burial, May 20, 188/ // // Cum M. D.
(Undertaker, D. Harle ( Medical Attorigant.
Place of Business, 15 Mast A. Address, 15 Myselo
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, 'That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

| Place of Business, // 1

The Special Attention of Physicians is Respo	ectfully Invited to the R	emarks below, a	nd to List of Di	seases on Back or	
Bealth De	partment,	City o	of Ba	ltimore.	
	e of Regional				10-
The Physician who attended any person to the Undertaker or other person superinte requested so to do, under penalty of law.  No Permit for H	ending the boal, within	two ty-foggy ur.	After the deat	h of said deceased, o	or sooner, if
ČERTI	FICATE	MOSP	DEAT	THEER	
Date of Death,	n	1/8/		188/	
$Full \ Name \ of \ Deceased, egin{cases}  ext{Write legitorrectly.} \  ext{not name} \  ext{of parents} \end{cases}$	bly and spell If an Infant I, give names	Polegi	Und	ru Mit n	ux (
Sex, Male or Female, {Cross out the work required in this	ord not \ line.	u			
Age, Yee	ars,	Mo	mths,	8 .	Days
Color,	6	who	C	1/	
Married, Single, Widow or Wid	lower, {Cross out the wor	rds not }		<i>V</i>	
Occupation,	·····		·		
Birth Place, {State or country, and how long in the United States, if of foreign birth.		091	10	er fr	
Duration of Residence in the Co	ity of Baltimore,			·····	
Place of Death, {Give Street and }	104	er)	ve	cor	
Cause of Death, $\begin{cases} \text{First (Primary),} \\ \text{Second (Immediat)} \end{cases}$	1	Lucy	tu	l'er	
Duration of Last Sickness,	d by the Physician.			·	
Place of Burial, Baltimo	l Cemelry	/	110	10	
Date of Burial, May 2	2,1887	W	UN	un	MD
(Undertaker, De Ha	re i		10	Medical Astendant	—· ·

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enucted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to	the Rimarks below, and to List of Diseases on back of this	
The Physician who attended any person in a last like and to the Undertaker or other person superintending the burial, we requested so to do, under penalty of law.	The City of Baltimore.  Far of Vital Statistics. Ward Statistics.  Ward Statistics accurate within twenty-four hours after the death of said deceased, of BTAINED WITHOUT A PROPER CERTIFICATE.	tely filled out.
CERTIFICAT	E OF DEATH.	
Date of Death,	May 18 - 89	
Date of Death,  Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}  Sex. Male or Female, {Cross out in this line.}	Isave Cooper	
, (104mm m mm)		······································
Age, Years,	Months,	Days.
Color,	min	<del>-</del>
Married, Single, Widow or Widower, {Cross out the required in	he words not }	
Occupation,		
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Balir. V	
Duration of Residence in the City of Baltin	more,	
Place of Death, {Give Street and Number.}	1618 EBULL St.	
Cause of Death, { First (Primary),	asphyfia	rec
Duration of Last Sickness,	# days	
Place of Burial, Russian Congrey	ghion	
Date of Burial, May 19-87	J. F.Menyar	M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 626 M. Ballo

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as one can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

Bealth Department, Gitn of Baltimore.
Permit No. 99889 Office of Bourstrar of Vilat Statistics. Ward 10
The Enylician who attended any person in a last ilmess, it is possible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four how after the death of said deceased, or sooner, if
requested so to do, under penalty of law.  No Permit for Burial can be to proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May 18 "1887"
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Dex, Male of Petroute, required in this line.
Age, // Years, / 3 Months, / 7 Days. Color,
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Occupation,  Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 1020 Sharp Str
Cause of Death, Second (Immediate), Corebto Spinal meningities
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, Maunel Chook hem
Date of Burial, Mag 20 th 1887 PO Q IN TO CONTROLLED
(Undertaker, Julius Hochles Medical Attendant.
Place of Business, Tharper Cross Address, 15-9 Sharper Cross Address,
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.  [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of the

Bealth Department, City of City of Baltimore.

Permit No. 79870	Office of Re	egistrar of Vi	uai statistics	is Contiferate governately	Gllad out
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of					sooner, if
No Permi	T FOR BUHAL CAN	MAYTANED WITHOU	PROPER CERTIF	ICATE.	D
CER	TIFIC	WITE OF	DEA	TH.	9
Date of Death,	May	P	1807	1	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	Mary	1 Duces	9	
Sex, Made or Female, { req	ss out the word not }				
Age, 10	Years,	, 4	Months,		Days.
Color,	wi	ille		1/	
Married, Single, Wifow	or Widower, {Cro	oss out the words not }		•	
Occupation,		2 1		, 0	
Birth Place, State or country, a long in the United if of foreign birth	nd how }	Ratte	noud	ed	
Duration of Residence is	n the City of	Baltimore,	Le Xo	wo of	
Place of Death, Give Street:		2032	Elliott	ousv.	
$\textit{Cause of Death}, \left\{egin{array}{l}  ext{First (P)} \\  ext{Second} \end{array} ight.$	rimary), (Immediate),	Cons	ulejor	~	
Duration of Last Sickner All the above information should be	furnished by the Physic	eian.	_ &_	Z.	
Place of Burial, In	ily Ke	noley	7 0	,	
Date of Burial, Mich	- A 40 - 1 X A	77 E	3.0	Vella	M.D.
J Undertaker, Stale	E Jel	wh =	1601	Medical Attendant.	d
Place of Business	35 Alice	Anna daress.	2020	allion	XY.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Baltimore.
Permit No. 9989/ Office of Registrar of Vital Statistics. Ward 3
out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAIN TO WITHOUT A PROPAR CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, May 19 , 1884
Full Name of Deceased, { White legibly and spell of precise of parents. } Martha Cavinia Ensor
Sex, Mole or Female, {Cross out the word not }
Age, Seven 191 Years, Jen (10) Months, Fourteen (14) Days
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, of or foreign birth.
Duration of Residence in the City of Baltimore, Life Time
Place of Death, (Give Street and Number.) Vo. 627 n. Bond 34
First (Primary),
Cause of Death, Second (Immediate), Meningitis
Duration of Last Sickness, O'ine Days
Place of Burial Acre (Section)
Date of Burial, May 21/87 MM H. Cleudinen M. D.
Undertaker, M. S. King Medical Attendant.
Place of Business, 3M h Quadragadress, ho. 418h Burns
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

The Special Attention of Physicians is kespectivity invited to the kemarks below, and to list of diseases on b

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.